300	II		ALTH OF MISSOURI	6	22064
.48	FILED AUG 4 1951	STANDARD CERTIF	ICATE OF DEATH	State File No	2000±
	BIRTH NO	_ REG. DIST. NO. <u>/49</u> _	PRIMARY REG. DIST. NO		2904
	I. PLACE OF DEATH		2. USUAL RESIDENCE (What	b. COUNTY	tion: residence before
ł	a. COUNTY JACKSON		MISSOURI	UAC	KSON
_	b. CITY (If outside corporate limits, write) OR TOWN KANSAS C	RURAL and give c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, w OR TOWN / ANSAS	では RURAL and give township C/アッス?	348
RECORD	II HOSPITALOR	Institution, give street address or location) - A WIV A VENUE	d. STREET (If rural, etc. ADDRESS 2427 L		NUE
Ħ	3. NAME OF a. (First) DECEASED	b. (Middle)	1		Day) (Year)
	DECEASED (Type or Print) DAMIEL		HARTNETT	DEATH JULY	8, 1951
Z	5, SEX /) 6. COLOR OR RACE			AGE (In years) of those I Ye	CAR F DROPER 20 HOSS.
PERMANENT	MALE WHITE	WIDOWED, DIVORCED (Breedly)	AU4. 27, 1863	last birthday) Months Da	Hours Min.
3	10a. USUAL OCCUPATION (Give blad of work	10b. KIND OF BUSINESS OR IN-	11. BIRTHPLACE (State or foreign court	12.	CITIZEN OF WHAT
Ä	done during most of working life, even if restred) FARMER	RETIRED	MONITEAU CO	., Mo.	U. S. A.
P4	13a. FATHER'S NAME	13b. MOTHER'S MAIDEN		OF HUSBAND OR WIFE	
∢	JAMES HARTN	LETT ELLEN M	AHONEY ELIZ	ABETH HAR	THETT
MAKE	IS. WAS DECEASED EVER IN U. S. ARMED	FORCES? 16. SOCIAL SECURITY	17. INFORMANT'S SIGNAT	URE OR NAME 2 42	2 ADDRESS
₩V	No #	NONE	MRS. LILUANELLE		SAS CITY MO
1	18. CAUSE OF DEATH	MEDICAL C	CERTIFICATION	11 ، ۵۰ ، ۱۱۰	INTERVAL BETWEEN
INK	Enter only one cause per i. DISEASE OR (line for (a), (b), and (c)	DING TO DEATH*(a)	OSCULLE KANT	- alleral_	57MM
_	1 (-), (-), (-)				
×	*This does not many ANTECEDENT C		July DATTA	in religion !	
ACK			urelyst arter	ischasis	
BLACK		ns, if any, giving DUE TO (b) cause (a) stating ause last.	urelyst arter	isklusis	<u> 11260</u>
BLA	the mode of dying, such as heart fallure, anthenia, etc. It means the discusse, injury, or complica-	ns, if any, giving DUE TO (b) onuse (a) stating cause last. DUE TO (c)	urelyst arter	ischasis _	4200
BLA	the mode of dying, such as heart fallure, anthenia, etc. It means the discuss, injury, or complication which caused death. 11. OTHER SIGN	ns, if any, giving DUE TO (b) couse (a) stating cause last. DUE TO (c) IFICANT CONDITIONS	urelyst arter	ischasis _	4200
BLA	"This does not mean the mode of dying, such as heart failure, arthenia, etc. It means the dis- ease, injury, ar compilea- tion which caused death. II. OTHER SIGN Conditions contr- related to the dise	ns, if any, giving DUE TO (b) course (a) stating nuse last. DUE TO (c) IFFICANT CONDITIONS thuting to the death but not coase or condition causing death.	inelyst arter enility	ischasis _	H260
BLA	the mode of sping, such as heart fallure, asthemia, etc. It means the discase, injury, or complication which caused death. II. OTHER SIGN Conditions controlled to the disc	ns, if any, giving DUE TO (b) couse (a) stating cause last. DUE TO (c) IFICANT CONDITIONS	urelyst arter enility	ischasis	42€0 20. AUTOPSY7 YES □ NO 🗵
UNFADING BLA	the mode of dying, such as heart fallure, arthenia, etc. It means the disease, injury, or complication which caused death. 11. OTHER SIGN Conditions controlled to the disease, and the disease of the d	ns, if any, giving DUE TO (b) course (a) stating nuse last. DUE TO (c) IFFICANT CONDITIONS thuting to the death but not coase or condition causing death.	enity 21c. (CITY, TOWN, OR TOWNSHIP)	(COUNTY)	
BLA	**This does not mean the mode of sping, such as heart fallure, arthenia, ctc. It means the discase, injury, or compilication which caused death. 19a. DATE OF OPERATION 21a. ACCIDENT (Specify) SUICIDE HOMICIDE	ns, if eny, giving DUE TO (b) cruse (a) stating nuse last. DUE TO (c) IFFICANT CONDITIONS ibuting to the death but not case or condition causing death. NDINGS OF OPERATION 21b. PLACEOF INJURY (e.g., in or about	21c. (CITY, TOWN, OR TOWNSHIP) 21f. HOW DID INJURY OCCUR?		YES HO X
-USING UNFADING BLA	**This does not mean the mode of dring, such as heart failure, authenia, etc. It means the discase, injury, or compileation which caused death. 11. OTHER SIGN Conditions controlled to the discase, and the discase of the controlled to the discase of the discase	ns, if ony, giving DUE TO (b) couse (a) stating nuse last. DUE TO (c) IIFICANT CONDITIONS ibuting to the death but not case or condition causing death. NDINGS OF OPERATION 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bidg., etc.) (Hour) 21e. INJURY OCCURRED WHILE AT NOT WHILE MOT WHILE	2H. HOW DID INJURY OCCUR?	(COUNTY)	(STATE)
-USING UNFADING BLA	the mode of sping, such as heart fallure, arthenia, etc. It means the discase, injury, or complication which caused death. 11. OTHER SIGN Conditions controlled to the discase, injury, or complication which caused death. 12. DATE OF OPERATION 21a. ACCIDENT (Specity) SUICIDE HOMICIDE 21d. TIME (Month) (Day) (Year) INJURY 22. I hereby certify that I attended	ns, if ony, giving DUE TO (b) Course (a) stating ause last. DUE TO (c) IFFICANT CONDITIONS ibuting to the death but not case or condition causing death. NDINGS OF OPERATION 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bidg., etc.) (Hour) 21e. INJURY OCCURRED WHILE MOT WHILE MOT WHILE AT WORK AT WORK		(COUNTY)	(STATE)
-USING UNFADING BLA	the mode of sping, such as heart fallure, arthenia, etc. It means the discase, injury, or complication which caused death. 11. OTHER SIGN Conditions controlled to the discase, injury, or complication which caused death. 12. DATE OF OPERATION 21a. ACCIDENT (Specify) SUICIDE HOMICIDE 21d. TIME (Month) (Day) (Year) INJURY 22. I hereby certify that I attended	ns, if any, giving DUE TO (b)	24. HOW DID INJURY OCCUR?	(COUNTY) , 1951, that I last so	(STATE)
PLAINLY-USING UNFADING BLA	This does not mean the mode of sping, such as heart fallure, arthenia, ctc. It means the dis- case, injury, or complica- tion which caused death. 19a. DATE OF OPERA- TION 21a. ACCIDENT SUICIDE HOMICIDE 21d. TIME (Month) (Day) (Year) OF INJURY 22. I hereby certify that I attended alive on Marie albert.	DUE TO (b) DUE TO (c) IFICANT CONDITIONS ibuting to the death but not case or condition causing death. NDINGS OF OPERATION 21b. PLACE OF INJURY (e.g in or about bome, farm, fastory, street, office bidg., etc.) WHILE AT WORK AT WORK The deceased from The deceased from And that death occurred at the case of	2H. HOW DID INJURY OCCUR? 1946 to GNUS 8 7:1013m., from the lauses at 23b. ADDRESS 4800 Cast 3	(COUNTY) , 1954, that I last seem on the date stated a	(STATE) (STATE) The deceased above. (State of the deceased above. (State of the deceased above.)
PLAINLY-USING UNFADING BLA	the mode of sping, such as heart fallure, arthenia, etc. It means the discase, injury, or compilection which caused death. 19a. DATE OF OPERATION 21a. ACCIDENT SUICIDE HOMICIDE 21d. TIME (Month) (Day) (Year) OF INJURY 22. I hereby certify that I attended alive on May 195 Constituted and the content of	DUE TO (b) DUE TO (c) IFICANT CONDITIONS Ibuting to the death but not case or condition causing death. NDINGS OF OPERATION 21b. PLACE OF INJURY (e.g., in or about bome, farm, factory, street, office bidg., etc.) WHILE AT NOT WHILE WORK AT WORK The deceased from CHOST M. OCCURRED WHILE AT WORK The deceased from CHOST M. OCCURRED WHILE AT WORK The deceased from CHOST M. OCCURRED WHILE AT WORK CHOST M. OCCURRED WHILE AT WORK The deceased from CHOST M. OCCURRED WHILE AT WORK CHOST M. OCCURRED WHILE AT WORK CHOST M. OCCURRED The deceased from CHOST M. OCCURRED WHILE AT WORK The deceased from CHOST M. OCCURRED WAS MANGED FOR CEMETER 24c. NAME OF CEMETER	2H. HOW DID INJURY OCCUR? 19 44 to GALLS 8 7:10 fm., from the causes at 23b. ADDRESS 23b. ADDRESS 4800 COLT 6	(COUNTY) , 19 \$\int_{\text{.}} that I last so the date stated a county of Court, town, or county	(STATE) (STATE) The deceased above. (State of the deceased above. (State of the deceased above.)
-USING UNFADING BLA	the mode of sping, such as heart falture, arthenia, etc. It means the discase, injury, or compilection which caused death. 11. OTHER SIGN Conditions controlled to the discase, injury, or compilection which caused death. 12. DATE OF OPERATION 21a. ACCIDENT SUICIDE HOMICIDE 21d. TIME (Month) (Day) (Year) OF INJURY 22. I hereby certify that I attended alive on MALL RAIDE RAIDE RAIDE COMPANY RAIDE RAIDER RAIDE RAIDER RAI	ns, if eny, giving DUE TO (b)	24. HOW DID INJURY OCCUR? 1946 to GAUSE 8 7:1017m., from the Gauses of 23b. ADDRESS 4800 Cast 3 14 OR-GREMATORY 24d. LOCATION COMETERY CALL	(COUNTY) , 1951, that I last so and on the date stated at 2 ON (City, town, or county) FORNIA	(STATE) (STATE) The deceased above. (State of the deceased above. (State of the deceased above.)
PLAINLY-USING UNFADING BLA	the mode of sping, such as heart falture, arthenia, etc. It means the discase, injury, or compilection which caused death. 11. OTHER SIGN Conditions controlled to the discase, injury, or compilection which caused death. 12. DATE OF OPERATION 21a. ACCIDENT SUICIDE HOMICIDE 21d. TIME (Month) (Day) (Year) OF INJURY 22. I hereby certify that I attended alive on MILLY REJUNT R	ns, if eny, giving DUE TO (b)	24. HOW DID INJURY OCCUR? 1946 to GAUSE 8 7:1017m., from the Gauses of 23b. ADDRESS 4800 Cast 3 14 OR-GREMATORY 24d. LOCATION COMETERY CALL	(COUNTY) , 19 \$\int_{\text{.}} that I last so the date stated a county of Court, town, or county	(STATE) (STATE) Taw the deceased above. (State) (State)
PLAINLY-USING UNFADING BLA	This does not mean the mode of sping, such as heart falture, arthenia, etc. It means the discase, frijury, or compilection which caused death. 11. OTHER SIGN Conditions controlled to the discase, frijury, or compilection which caused death. 12. DATE OF OPERATION 21a. ACCIDENT (Specity) 21a. ACCIDENT (Specity) 21b. TIME (Month) (Day) (Year) OF INJURY 22. I hereby certify that I attended alive on This Sign Controlled to the discase of the discase	DUE TO (b) DUE TO (c) IFFICANT CONDITIONS IDUITIONS IDUITIONS	2H. HOW DID INJURY OCCUR? 7:10 fm., from the causes of 23b. ADDRESS 23b. ADDRESS Y OR GREMATORY 24d. LOCATE CEMETERY CALL 25. FUNERAL DIRECTOR'S \$1.66	(COUNTY) , 19 \$\int_{1}\$ that I last so and on the date stated at the county of the c	(STATE) (STATE) Taw the deceased above. (State) (State)

STATEMENT BY LICENSED EMBALMER

	I hereby certify that the body	whose name is recorded on the	e reverse side of this	certificate was embalme	d by me, or by
•			*******************************	Student Embalmer I	10
			•		

working under my personal supervision.

Licensed Embalmer No. 4729

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in this OWN HANDWRITING. (Failure to comply with

the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.